

DOCUMENT RESUME

ED 459 569

EC 308 757

AUTHOR Weiss, Julie
TITLE Providing Safe Health Care: The Role of Educational Support Personnel.
INSTITUTION National Education Association, Washington, DC.
PUB DATE 1996-00-00
NOTE 54p.; Published by the NEA Office of Educational Support Personnel and the National Center for Innovation.
AVAILABLE FROM National Education Association Professional Library Distribution Center, P.O. Box 2035, Annapolis Junction, MD 20701-2035 (\$10.95). Tel: 800-229-4200 (Toll Free). For full text: <http://www.nea.org/esp/resource/safecare.htm>.
PUB TYPE Guides - Non-Classroom (055)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Ancillary School Services; Curriculum Design; *Disabilities; Elementary Secondary Education; Inclusive Schools; Legal Responsibility; Medical Services; Medicine; *Paraprofessional School Personnel; Protocol Analysis; School Aides; *School Health Services; Special Health Problems; *Staff Role; Teacher Aides; *Training Methods
IDENTIFIERS Do Not Resuscitate Orders; *Related Services

ABSTRACT

This handbook is written for the educational support person (ESP) who may or may not be a trained or licensed health care provider, but whose job has come to include caring for students with disabilities with special health care needs. Section 1, "The Laws Governing the ESP and the Care of the Student with Special Health Care Needs," discusses the legal precedents that have made our schools more inclusive, and the legal requirements surrounding health-related services in schools. Section 2, "Protocol for the Care of Students with Special Health Care Needs," outlines the chain of command for providing health-care in local districts, both as it is, and how it can be improved. Section 3, "Training ESPs To Administer Medication and Perform Health Care Procedures," discusses a recommended curriculum for ESP training that includes the five rights of medication administration, a focus on the individualized nature of health care, documenting medication administration or health care procedures, proper protocol for emergencies, storing medication, and information about legal issues. Section 4 outlines strategies for fostering local and state policy changes. The handbook closes with a glossary, a resource list, and the National Education Association's policy on do not resuscitate orders. (Contains 16 references, 19 resources, and 29 endnotes.) (CR)

ED 459 569

Providing Safe Health Care: The Role of Educational Support Personnel

Julie Weiss

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ✓ This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL IN MICROFICHE,
AND IN ELECTRONIC MEDIA FOR ERIC
COLLECTION SUBSCRIBERS ONLY, HAS BEEN
GRANTED BY

G. Felton

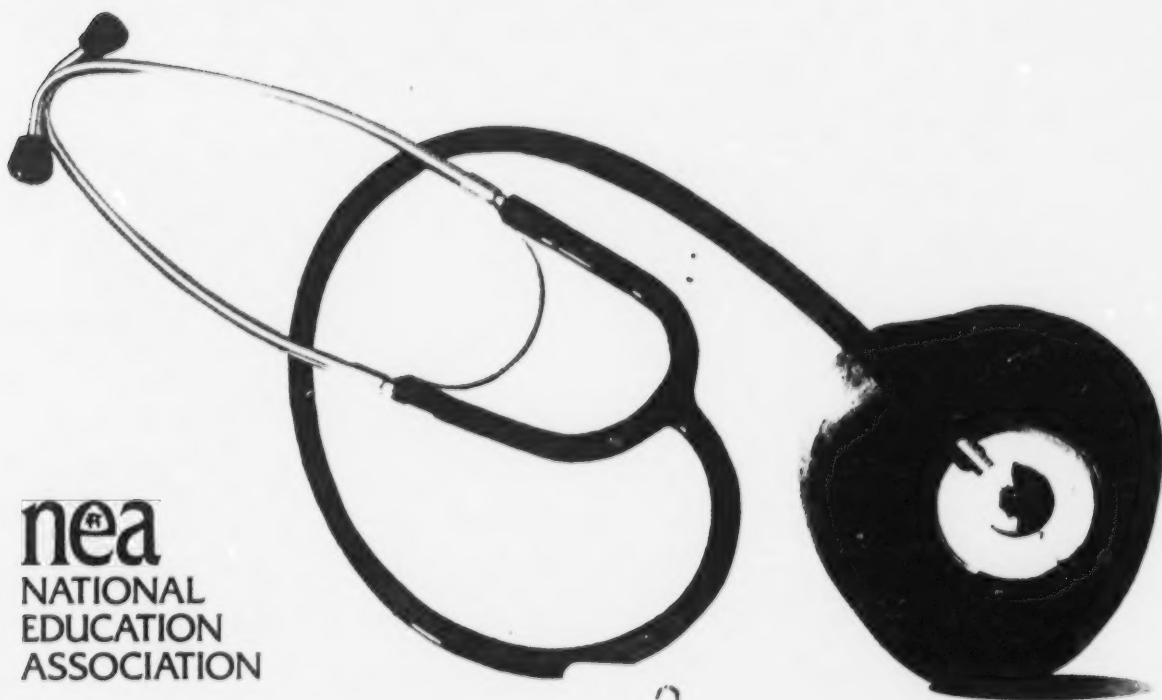
TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

2A

EC 308 757

BEST COPY AVAILABLE

*Providing
Safe Health Care:*
The Role of
Educational
Support Personnel



nea
NATIONAL
EDUCATION
ASSOCIATION

Published by:
The National Education Association
Office of Educational Support Personnel and
the National Center for Innovation

Design and production by:
American Labor Education Center

CONTENTS

Introduction	1
SECTION 1:	
The Laws Governing ESP and the Care of Students With Special Health Care Needs	5
SECTION 2:	
Protocol for the Care of Students With Special Health Care Needs	19
SECTION 3:	
Training ESPs to Administer Medication and Perform Health Care Procedures	21
SECTION 4:	
Taking Action	27
Conclusion	32
Glossary	33
Resources	37
Bibliography	39
Appendix	41
Endnotes	43

CONTRIBUTORS

Written by: Dr. Julie Weiss

The following NEA members and staff identified the need for this handbook, and contributed to bring it to fruition:

NEA-ESP and Safe Health Care
Committee

Terri J. Coolidge Marin, Secretary,
Poland Community School,
Poland, Maine

Nancy Dube, RN, Auburn, Maine

Florine LaPointe, Pediatric Nurse
Practitioner, School Nurse, MSAD
#71, Kennebunk, Maine

W. Wightman Reilley, Educational
Technician III, Auburn Education
Association

Susan Rowe, RN, UniServ Director,
Maine Education Association

Donna M. Simpson, RN; Lewiston
Middle School, Lewiston, Maine

*The National Association of School
Nurses provided invaluable guidance
and support in the creation of this
handbook. Thanks to:*

Beverly Farquhar, RN, BS, CSN,
NASN Executive Director

Carol Coughlin Costante, RN, MA,
CSN; Specialist, Office of Health
Services, Baltimore County Public
Schools; NASN President-Elect

Doris Houck Luckenbill, MS, SNP,
CSNP; School nurse; Chair, NASN
Special Needs Committee

Janis Hootman, RN, BSN, MST,
Supervisor, Schoolhouse Services,
Portland, Oregon; NASN Director,
State of Oregon

Linda C. Wolfe, RN, BSN, M.Ed.;
Chair, NASN Standards and
Practice Committee; School nurse,
Indian River School District,
Roxanna, Delaware

*Special thanks to the following
staff of the National Education
Association:*

Roxanne Dove, ESP Program
Coordinator

Robert Tate, National Center for
Innovation

Michael Simpson, Office of General
Counsel

*Thanks also to the following
National Education Association
staff:*

Ellen David-Friedman, Vermont-
NEA

Lynn Ohman, Legal Services

Rafael Rivera, Health Information
Network

Arden Shumaker, Collective
Bargaining and Compensation

Diane Shust, Government Relations

Stefanie Weiss, Publishing

Sonia Jasso Yilmaz, Legal Services

INTRODUCTION

Safe and healthy children: In every school this is the bottom line, the foundation necessary for effective teaching and learning. Everyone who works in schools shares the common goal of ensuring students' well-being. As educational support personnel, we meet the challenge in a variety of ways, from providing a safe bus ride to school, to cooking nutritional lunches, to offering individualized attention in large classes.

Our student populations are changing in ways that make meeting the bottom line as crucial as ever, but more complicated. In recent years, greater numbers of students with disabilities are attending their neighborhood schools. In some instances, they come to school with physical conditions that require care and attention:

Children with diabetes may need insulin injections during the school day.

Children with gastrostomies need to be fed while they're at school.

Children with spina bifida may need to be helped with catheterization.

Children with epilepsy need medication at school to help control seizures.

But who provides that care? In an ideal world, every school would have licensed, certified health care personnel on the premises who would ensure the safety and well-being of our students by attending to their special health care needs. The National Education Association fully supports this position: At the 1995 convention, the NEA adopted a new business item opposing "any law, policy, or regulation that supports, permits, or re-

quires any educational personnel who are not medically certified or licensed to perform any medical services or invasive procedures."¹

But this isn't an ideal world. In reality, more students with special health care needs are attending schools at a time when school district resources in many communities are level or declining, and when school nurse positions are often among the first to be pared back. The best available estimates indicate that only about one of three public schools has a full-time nurse on staff.² In this environment of increasing demands, educational support personnel (ESP) are often asked, expected, or ordered by their supervisor to provide care and assistance to students with special health care needs.

It is the increasing expectations placed on educational support personnel that led to the creation of this hand-

book. It is written for the educational support person, who may or may not be a trained or licensed health care provider, but whose job has come to include caring for students with disabilities with special health care needs.³ It aims to provide guidance on many questions that arise for the ESP who works with these students, questions that include:

What can I do to ensure the health and safety of students in my care who have special health care needs?

What are my responsibilities as an educational support person and care provider?

How can I get the training and supervision I need to care properly for students?

Where can I go to get more information, as well as ideas for protocol and policy?

How can my NEA affiliate help?

Providing Safe Health Care: The Role of Educational Support Personnel is organized around these questions. **Section 1**, "The Laws Governing the ESP and the Care of the Student with Special Health Care Needs," discusses the legal precedents that have made our schools more inclusive, and the legal requirements surrounding health-related services in schools. **Section 2**, "Protocol for the Care of Students with Special Health Care Needs,"

outlines the chain of command for providing health care in local districts—both as it is, and how it can be improved. **Sections 3 and 4** outline training that can prepare ESP to better meet the health care needs of students in their care, and explain ways you can take action to ensure student and employee safety. Finally, the handbook offers a **glossary** and **resource guide** that will lead you to more detailed information.

The goals of *Providing Safe Health Care: The Role of Educational Support Personnel* are to:

- Inform Educational Support Personnel and others at the school site about legal requirements relevant to providing safe health-related services to students, and
- Provide guidance re-

garding practices and policies that can empower Educational Support Personnel to provide for the health and safety of students with special health care needs, and at the same time protect themselves from being placed in a situation requiring inadvisable, illegal, or dangerous actions.

Educational Support Personnel, working with teachers, parents, school administrators, NEA local affiliates, and others, can play a powerful role in adopting and implementing programs and policies that ensure the safety and well-being of all children.

Our hope is that you will use this handbook as a pocket guide to your responsibilities and goals in working safely with students with disabilities with special health care needs.

SECTION 1

The Laws Governing ESP and the Care of Students with Special Health Care Needs

This section reviews federal laws that require the provision of certain health-related services to students with disabilities. Federal law does not specify which individual—a classroom aide, school nurse, teacher, or some other individual—is to provide these services, but rather leaves this decision up to school districts. Certain elements of the law provide opportunities for educational support personnel to help plan how health-related needs—and the needs of education employees themselves—can best be met. The first part of Section I outlines the laws that have brought more students with special health care needs into schools, and that guarantee their care there. The second part details how educational support personnel can advo-

cate for themselves and the students in their care.

Caring for Students: What Are Your Responsibilities Under The Law?

In 1975, the U.S. Congress enacted what is now known as the Individuals with Disabilities Education Act, referred to as IDEA. The law was called the Education for All Handicapped Children Act when it was first passed, and was renamed IDEA by Congress in 1990. It was, and still is, sometimes referred to as Public Law 94-142. IDEA requires school districts receiving federal funding to provide a free, appropriate public education, or FAPE, for all eligible students with disabilities.⁴

According to the law, a free appropriate public education means the provision by school districts of both **special education**—specially designed instruction to meet the unique needs of a child with a disability—and **related services** that students need to make their schooling possible, for all eligible students with disabilities.⁵ IDEA's regulations, which are legal mandates, define "related services" to include, among other kinds of services, "school health services."⁶

This handbook focuses on IDEA's requirement for providing "school health services." Although the terms "medical services" and "school health services" may sound similar, they have very different meanings in the law. Medical services are defined as services that must be performed by a physician. Educational support personnel should *never* be called on to perform these tasks. This doc-

ument uses the term "school health services," or "health-related services" to distinguish them from medical services, which school districts are not required to provide other than for diagnostic or evaluation purposes.⁷ This is in order to ensure that the special needs of each student with a disability will be addressed in a way that will permit the child to benefit from her or his educational opportunity.

IDEA requires a **written** Individualized Education Program, or IEP, for each eligible student with a disability. This is in order to ensure that the special needs of each student with a disability will be addressed in a way that will permit the child to benefit from her or his educational opportunity. Each student's plan is prepared by a team that must include a representative of the school district who is a special education provider or supervisor, the child's teacher, one

or both of the child's parents, the child if appropriate, and other individuals at the discretion of the parent or the school district.⁸ **The law permits, but does not require, educational support staff to be members of the team that prepares the written IEP.**

Why is the written IEP important? IDEA requires this document to identify, among other items:

- the specific education and related services to be provided to the child,

- the extent to which the child will be able to participate in regular education programs, and

- the projected dates of initiation of services and the anticipated duration of the services.⁹

The important point is that the school district is legally responsible for providing any school health services identified in the child's written IEP.¹⁰ If there is no written IEP for that child, then it

may be more difficult to successfully advocate for the provision of necessary services. No matter how much a child without a written IEP may need related services, there is no legal obligation for the school district to provide services not identified in that document. It is improper for a school district to tell anyone on a child's IEP team not to include related services the child needs in the document.¹¹

When should you, as an ESP, seek to be a member of the IEP team for a particular student with a disability? In general, if you work closely with the student on a day-to-day basis, you may know best, from first-hand experience, what related services that student will need. It may therefore be important for the child's interests that you be part of the team that identifies the child's needs in writing and establishes how they will be met. Your request to participate as a

member of the IEP team should be directed to the person who decides who will participate on the IEP team.

If you are unable to participate in the IEP team, you should make the child's needs known to someone on the team who can be sure the IEP identifies his or her needs and the related services necessary to meet them.

In either case, you should know the content of the written IEP for each student with a disability with whom you work in order to ensure the continuity of instruction and care for that student. Federal law does not prevent you from having access to relevant school records, including the student's IEP, if you work with a student with special health needs. The Family Educational Rights and Privacy Act (FERPA) permits school employees to have access to the school records of students with dis-

abilities without the written consent of parents if they have a need to know. You are considered to have a "need to know" if you are providing health care services for that student.¹²

While a student's health care needs should be addressed in the IEP, they are sometimes omitted.¹³ Therefore, in addition to the IEP, it is a good idea—and sound practice—to create an Individual Healthcare Plan, or IHP, for each student with a disability who has special health care needs. The concept of the IHP is not contained anywhere in the federal law. However, federal law does not prohibit the development of an IHP for students with disabilities who have special health care needs. The IHP might typically contain a nurse's assessment of the child, a plan to implement appropriate care, and calls for an evaluation of the treatment once it has been provided.

An IHP is best incorporated into a student's IEP as a clearly identified special section of that document. There are two reasons for this. First, everyone in the school setting who works with that child should know about and have access to information about any special health-related needs and services the child has. Were the IHP a freestanding document—not part of the IEP—the chances are greater that school employees who work with the child will not know about his or her needs. Second, by incorporating the child's IHP as a section of the child's IEP, school employees and parents will be better placed to take advantage of the legal requirement that related services identified in a child's IEP must be provided by the school district. If the child's IHP is not a part of the IEP, then this federal requirement would not be in effect, and there would be no legal basis for a claim that

services identified in the IHP must be provided.¹⁴

What kinds of services constitute "school health services?" They might include administering medication, performing clean intermittent catheterization, suctioning of tracheotomy tubes, providing tube feedings, diapering, or monitoring medical support systems. Which services the school district must provide is a matter of interpretation for each child's IEP team. In general, the courts have ordered school districts to provide a particular health service when it:

is "necessary" to enable the student to attend school,

can be performed by a school nurse or some other "qualified person,"

is not "unduly expensive," and

does not require "constant" attention by a staff person.¹⁵

.....

"The greatest concern of building secretaries is the distribution of medications and providing other health care services . . . A survey of members revealed that some secretaries distribute as many as 50 to 75 medications per day! . . . We hope to fund several full-time RNs . . . which would provide more effective health care services for students in the larger buildings."

*—Maria Sundstrom, Harrison Park Elementary,
Grand Rapids, Michigan*

IDEA does not specify precisely *who* should provide student health care. Federal law states only that services be provided by a "qualified school nurse or other qualified person."¹⁶ Just who may perform what kinds of health-related or medical services is a matter determined on a state-by-state basis. Each state has requirements as to what kind of services must be performed only by licensed nurses (and doctors, which is important in the case where an ESP or other NEA member is asked or told to provide a service that only a

licensed physician may perform under state law.) These laws apply to the schools. Different states have made different decisions in this regard. You can find out more about them by contacting your local or state NEA representative, who can ask state Association legal counsel to find out what the laws in your state say on this matter.

For example:

Some states have comprehensive laws that delegate authority specifically to licensed personnel, like a school nurse. Illinois and

Indiana, for example, require that **only** certified nurses administer medication to students.¹⁷

Some states permit unlicensed personnel to administer some medication and perform health care procedures in schools.¹⁸

Maryland, for example, permits educational support personnel to perform many health care procedures for students, as long as responsibilities are delegated and supervised by a professional nurse. Maine allows educational support personnel to administer medication with written permission from a student's parents or physician.

Some states give unlicensed personnel the right to refuse to administer medication or perform health care procedures. In Iowa, for example, employees may, by state law, refuse to perform special health services and "intru-

sive non-emergency medical services" for students.¹⁹

All states have Nurse Practice Acts that govern licensed nurses. Under most Nurse Practice Acts, it is up to the school nurse, who is licensed, to determine what health care procedures, under what circumstances, can be delegated to non-medical ESP, and which ones must be performed by the nurse him or herself.

Where the question of who may provide school health-related services is not covered by law, local Association affiliates may wish to make it part of a collective bargaining agreement. That agreement would identify each school's process for determining who will provide health-related services without violating either the state nurse and medical practitioner licensing laws, or accepted guidelines on what constitutes safe and effective health practices.

Providing Safe Health Care: Advocating for Yourself

By mandating a written IEP for students with disabilities with special health care needs, IDEA provides legal guarantees that they will receive adequate "related services" while in school. As education support employees, you can use the IEP process to advocate for your needs as well. A well-written IEP can ensure that you are qualified and confident about providing health care services.

You must make yourself familiar with the medical practice and nursing laws in your state so you do not perform a procedure that requires a license you do not have.

You will want to be sure you are trained and feel competent in the procedures you will perform.

You will want to learn how to protect yourself from possible infection while maintaining students' rights to confidentiality.

You will want to know what to do if you are working with a student who is covered by a legally-valid Do Not Resuscitate (DNR) order. (See Appendix.)

You will want to know what your liability insurance covers.

And you will want to know what to do if you are ordered to perform tasks for which you have not been trained, or which you believe you are not legally permitted to perform. Attempts to perform such tasks might jeopardize a student's safety, and your own well-being.

If you will be performing health care procedures, here are some guidelines to follow:

To ensure the safety of children under your care, you should be trained and supervised by a licensed health care professional. This makes sense for a student's safety and for your safety as well—no one would want an untrained person inserting catheters or breathing tubes. The licensed health care professional or nurse should document your training, include the documentation in your personnel file, and provide and document ongoing observation and supervision of your work. You are an important player on students' education teams, and students will benefit when you communicate regularly with their teachers and nurses about their health care and educational program.

You should be trained in techniques for "universal precautions" that you can use with all students to ensure their safety as well as

your own.²⁰ Some students' medical conditions—such as hepatitis, HIV or AIDS—pose a potential risk for employees administering health care. Many students who are at risk of contracting HIV will not be tested for the virus until they are older, and even if they have been tested, test results are imperfect. As noted earlier, federal privacy provisions do not bar you from access to school records of students with these or any other health conditions.

How, then, can you protect yourself from dangerous conditions? You should be trained in universal precautions. This means you should be issued protective equipment, and be instructed in its proper use. You should practice these techniques with *all* students in your care. In other words, treat all students as if they are infected. This protects students' confidentiality and your safety and well-being.²¹

You should know what to do if you are working with a child who is covered by a legally-valid Do Not Resuscitate (DNR) Order. You will need to be prepared to respond appropriately if the student goes into cardiac or respiratory arrest while in school. (See Appendix.)

NEA provides active ESP members with Educators Employment Liability (EEL Program) Insurance as a benefit of membership. Many ESPs are justifiably concerned about the possible legal implications of caring for students with special health care needs. While all ESPs take their responsibilities seriously, there is always a chance that a very busy—or insufficiently trained—ESP might make a mistake. One office clerk in Nevada, for example, accidentally gave a child a potentially lethal dose of the wrong medication. As she later recalled, “We had about 20 kids on medication then . . .

That day I just didn’t notice that the boy’s medicine had been moved from its usual place in the drawer.”²²

Your school district may carry liability insurance, but its policy may have significant limitations as far as your needs are concerned, so don’t take it at face value when your district tells you you’re covered. You should find out if your district’s policy would cover you in the event of an incident arising from the delivery of health care services. You will want to find out:

What procedures or types of situations does the policy cover?

What are the dollar limits on coverage?

What policy exclusions might apply, such as giving medication if you are not licensed?

How many claims per individual will the policy cover? Is it only one claim per person over the life of

the policy? If so, it may not be helpful to you.

Remember that the policy is meant to cover the district, and not necessarily its individual employees. That's why NEA provides you with the EEL Program.

The Educators Employment Liability Program will protect educational support personnel from personal liability for carrying out their express or implied educational employment activities, including caring for students with special health care needs. In general, the EEL Program will cover ESPs if they:

Provide emergency first-aid service when a school nurse or other medically trained person is not readily available.

Inadvertently administer the wrong oral prescription or non-prescription medication, as long as they have written parental or guardian approval to be administering it, and as

long as the parent or guardian has provided the medication in the original, properly-labeled container.

Have personal property (except vehicles) damaged by a student in an assault upon the member while performing an employment activity.²³ For instance, if a child assaults an ESP and breaks his or her glasses, the EEL Program will cover damage up to \$250.

Whether the EEL Program will cover support staff who perform health care procedures will depend on the circumstances of the service and state law. According to the NEA's Health Information Network,

In general, if—under state law—the service can only be performed by a licensed health care professional, such as an RN, LPN, or physician, then the service would be considered a “medical art,” which is not covered.

On the other hand, if the service is not a "medical art," then it probably is covered. The NEA Office of Legal Services Programs, which administers the NEA liability insurance program ("EEL"), cautions that the question whether the provision of a certain health care service is covered must be answered on a case-by-case basis in light of the facts of the specific situation. ²⁴

If your supervisor asks you to perform procedures that you believe are not covered, ask that the school district confirm in writing that it will hold you harmless in the event of a lawsuit, and ask that you be given a copy of your employer's insurance policy that covers you for any act or omission you perform on their behalf.

In order to avoid possible legal difficulties later when you're asked to administer health care procedures, you can protect yourself by doing the following:

Make sure your supervisor is not asking you to perform a task that is illegal for someone in your occupation. If in doubt, ask your UniServ Representative to help you confirm this information. (See pp. 10-11.)

Make sure your employer provides you with adequate training. (See Section 3.)

Make sure your employer either confirms in writing that you will be held harmless, or provides you with primary liability insurance. (See Glossary, p 33.)

If an incident occurs and you think you might need your EEL Program coverage, contact your UniServ representative immediately. He or she will have you fill out claim forms. You should also write down a description of the incident as soon as possible for your own records, so you can remember the details.

For more information on the EEL Program, contact your local or state Association representative or your UniServ director.

Your state's laws, or your collective bargaining agreement might protect you from performing procedures for which you have not been trained, or which are not required in your job description. In some states, nursing procedures must be performed by a licensed Registered Nurse, and you are not allowed to perform them. In general, unlicensed personnel are prohibited from performing physical, occupational, or psychological therapy, (and the EEL Program does not cover ESP who perform these therapies without being properly licensed or certified²⁵), but you will need to check with your state Association's legal representative, your state Association's legal department, or your UniServ director about your state's laws to see

which procedures are considered under such a provision. Your contract might also protect you from performing certain health care procedures. Some ESP contracts guarantee your right to refuse to perform health care procedures that are not listed in your job description. A contract or job description can also prevent you from being involuntarily assigned to perform a health care procedure.

What do you do if your supervisor directs you to administer medication or perform health care procedures you have not been trained to do, or you are not qualified to do, or you are not legally allowed to perform? NEA recommends that, "Except in extreme circumstances, a school employee should always comply with a direct order from a supervisor and then seek redress by filing a grievance or other legal action."²⁶ Proactive stances, such as participating

in the creation of the IEP and IHP, are, of course, most effective. If you are put in the position of being directed to perform a task you are not qualified to do, or which you believe is illegal, you can explain to your supervisor (preferably an association representative or a co-worker will be with you for support) that it isn't safe—or it is illegal—for you to perform the procedures. If all else fails and the supervisor mandates that you perform the procedure or risk losing your job, do the following:

Contact your UniServ director and local Association grievance committee immediately.

Document what you are being asked to perform.

Ask the supervisor to put the directive in writing.

Comply with the direct order, unless you feel you will jeopardize the safety of the student.

Put your objections in writing. (for example, "You are asking me to perform a health care procedure I have not been trained to do, and that could endanger the child.")

Remember: IDEA guarantees safe health care for students, and your training as a health care provider is important in providing safe care.

SECTION 2

Protocol for the Care of Students with Special Health Care Needs

Numerous people—including parents, administrators, state Department of Education officials, teachers, social workers, nurses, and physicians—are involved in deciding how to care for the child with special health care needs. Too often the ESP is at the hub of the wheel—at the center of everyone who is concerned about student care—receiving directives from virtually everyone involved in the child's schooling.

In such a context, the school support employee is given tremendous responsibility—but not consistent, well-conceived plans for the student's well-being. The ESP may hear one directive from the parents, another from the school nurse, yet another from the teacher, and others from everyone

from the school principal to the state education department official! This presents a nearly impossible situation, both for the ESP, who may be confounded at the conflicting messages, and for the student, whose health care is compromised. Such a situation might look like the chart at the top of the next page.

The ideal working situation for the support employee, on the other hand, has the ESP working closely with—and reporting directly to—the school nurse, who has coordinated the input from all the others involved in providing health-related services for the student. In this model, the nurse is at the hub of the wheel, hears and sorts the needs and concerns expressed by all involved, and coordinates the stu-

SECTION 3

Training ESPs to Administer Medication and Perform Health Care Procedures

School support employees care for students with special health care needs in schools every day. More and more, ESPs are asked to administer medication and perform complex health care procedures—procedures like clean intermittent catheterization, gastrostomy feedings, and tracheotomy suctioning. If school districts had unlimited resources, such procedures would be provided only by a licensed nurse. In reality, many districts have growing populations of students with special health care needs and consistent or shrinking resources for staff to care for them. In these settings, ESPs are called on to fill the gap. The safety of students with special health care needs demands that non-medical personnel who are asked to provide health

care receive proper training and supervision.

Educational support personnel who are directed to administer medication and perform complicated health care procedures should—and in some cases must—have a school nurse or other licensed health care provider train them. Training should take place *before* support personnel administer medication or perform health care procedures.

Curriculum for ESP Training

The curriculum of a thorough training includes:

The five “rights” of medication administration.

Every ESP learns and uses them as a safety checklist when caring for students

"You can't have training in one short session with the nurse who says, 'Here it is, can you do it?' It must be more involved and ongoing to protect the kids and the employees. Now Bath is offering more intensive training for the educational technicians and secretaries, which they never did before."

*—Hannah Keefe, president of the
Bath [Maine] Educational Support Personnel Association*

who take medication. The ESP must identify:

- ☐ The **right medication**. Is this the correct medication for this child?
- ☐ The **right dose**. Is this the correct amount of medication for this child?
- ☐ The **right time**. Is this when the child should receive the medication?
- ☐ The **right student**. Is this the student who should be given this medication?
- ☐ The **right route to administer the medication**. Am I using the correct technique for this medication? Should it be adminis-

tered orally, through injection, as eye or ear drops, or as a suppository?

The specific needs of individual students. Training includes a focus on the individualized nature of health care. Support personnel learn what to do for each student in their care. This includes becoming familiar with each student's IHP, which provides written guidance for educational support staff in providing health care for students. You should be involved in creating the IHP for each student you will work with.

How to document medication administration or health care procedures.

Keeping written records of health care is essential for students' safety and for your own protection. ESPs learn what forms their district and state require them to complete to keep track of health care provided. This includes training the ESP to look for and record students' specific physical, behavioral, or medical changes.

Proper protocol for emergencies. ESPs learn what steps to take to ensure that a child in the midst of a medical emergency receives appropriate care. ESPs must know protocol for their schools and districts, including what situations call for emergency assistance and who seeks such aid. In addition, ESPs must become familiar with each student's medical protocol list, so they can notify the appropriate people in order of importance.

How to store medication.

Medication must be stored in the original, properly labeled pharmacy containers, which must be kept in a locked cabinet or refrigerator for safety. Local pharmacists can provide helpful guidance in setting up proper storage, often free of charge.

Information about legal issues affecting ESPs who provide health care. This includes information about:

- ☐ **Sexual harassment laws** that might pertain to specific health care procedures. For example, it would be unwise for an ESP to perform certain procedures without a witness.
- ☐ **Liability.** (See pp. 14-15.)
- ☐ **What to do when ordered to perform a service if it endangers the student.** (See pp. 17-18.)
- ☐ **Confidentiality.** ESPs must be trained to follow

FERPA (Family Educational Rights and Privacy Act) guidelines so that students' medical conditions remain confidential. (See p. 8.)

□ **Chain of command.**

ESPs must know who is responsible for each aspect of a student's health and education plans, and to whom they should report for guidance and supervision. This is important to each of the members of a student's education and health team. (See Section 2.)

Conditions for ESP Training

To be most effective, training should ensure that procedures are learned adequately for children's safety, and take place in conditions that facilitate learning.

Training should be offered in an environment and at a time when trainees are free from other job assignments and can concentrate on what

they are learning without the usual day-to-day distractions. Five minutes of training in the middle of a hectic day—"Here's the medication, this is what it does, and here's what to do."—is *never* acceptable when dealing with the safety of students. Once trainees learn the procedures, they should demonstrate the procedures back to a licensed health professional for documented approval to perform the procedure on students. Then the trainer should observe the ESP performing the procedure on a student.

Training should be provided before an ESP administers medication or performs health care procedures. The trainer should observe the ESP demonstrating the procedure before documenting in writing that he or she is ready to work with a student.

Training should be paid for by the school district.

Training should be documented, and the ESP should have the option of receiving credit (Continuing Education Units) for it.

Context for ESP Training

A thorough training will only lead to safe health care in a context that includes:

Communication among all members of a student's educational team.

The ESP is a valuable contributor to the medically fragile student's education, and the student benefits when the ESP, school nurse, special education teacher, regular classroom teacher, parents and administrators all work together. (See Section 2.)

Knowledge that providing health care is a requirement of many school support jobs. Em-

ployers should make an employee's job expectations clear upon hiring. If special training is above and beyond the duties of the currently employed ESP, the school district and the local Association should consider a new job classification.

Appropriate matching of ESP to student and health care procedures. The IEP team must make thoughtful decisions about which school employees should work with which student. ESP should advocate to be part of the decision-making process, and matching should be done with particular attention to age and gender appropriateness.

Establishment of a back-up list of care providers.

The school nurse or licensed health care provider should determine who will administer medication or perform health care procedures if the ESP (or other principal pro-

vider) is, for some reason, unavailable. Trained back-ups can help to ensure a student's safety.

Ongoing supervision and training updates. After the training, the school nurse should be available to supervise the support employee and answer any questions or concerns that come up in the course of caring for students with special health care needs. He or she should also provide additional training should new medication or health care procedures be introduced.

When ESPs are trained—with this curriculum, under these conditions, and in this context—they can do their job well, and ensure student safety. As an unlicensed employee, you should get orders only from a licensed health care provider. Any administrator who directs you to administer medication or perform health care procedures *without* training is practicing nursing without a license and could be fined.

The training described in this section is ideal. Establishing such a training provides an excellent goal when you *take action!*

BEST COPY AVAILABLE

SECTION 4

Taking Action

Take action to ensure the safety of the children in your care—and your own safety as well. If your local Association doesn't have a negotiated contract, you can take action to work out an agreement or change school board policies and state laws. And if you do have a negotiated contract, your local Association, with support from the state and national organization, can negotiate, as part of your contract, what procedures your district may request or require you to do to care for students with special health care needs.

With or without collective bargaining, your local Association creates opportunities for educational support personnel to be empowered and successful. It can work with members to increase awareness of your school system's practices regarding adminis-

tration of medication and health care procedures, and it can design and implement a process to deal with these concerns.

Avenues for Change

Whether or not your local Association has a negotiated contract, you can take action to ensure that medication and health care procedures are administered safely.

What can you do?

You can work to encourage your local to negotiate an agreement or to change local **school board policy** to better safeguard the well-being of students and employees.

In Prince George's County, Maryland, school employees, through the local Association, negotiated with the Board of Education to create a more

*comprehensive protocol for the administration of medications in schools. The new plan delineates procedures that parents, physicians, and school personnel must follow to ensure the safety of students who must use medication during the school day.*²⁷

You can work with other Association members to develop and/or change **state laws** to protect student and employee rights.

A state affiliate may, for example, advocate passage of legislation which would (a) prohibit school districts from requiring the delivery of non-emergency school health services by anyone other than a properly licensed school nurse or (where allowable under state law) a properly trained and supervised paraprofessional, and (b) require school districts to specify such duties in the relevant job description and provide the appropriate training.²⁸

How can you foster local and state policy changes?

Identify a goal.

Organize local staff, leaders, health care providers, pharmacists; physicians, administrators, parents, and other concerned citizens to identify a goal, such as "to provide safe health services to all students." Your state representatives can become powerful allies—reaching out to them during the planning stages can lay the foundation for changing state laws. Most politicians do not know what schools are like day to day. By inviting them to your school, and including them in your planning, you can develop powerful allies in your efforts to ensure safe health care for all students.

Develop a plan.

Solicit support of those who will be affected by the goal and develop a plan to make the goal part of school board policy, or preferably, an agreement between the

board and the Association. The goal of providing safe health care services to all students, for example, might involve any of the following components:

- To provide one school nurse for a certain number of students.
- To establish a medically acceptable procedure and protocol on the delivery of health services to students in schools.
- To clearly define the roles and responsibilities of ESP staff in the delivery of health services to students to ensure students' health.
- To develop a training curriculum for ESP who work with students with special health care needs.

Monitor the plan.

Create a watchdog monitoring group that includes parents and other health care providers to assure that the plan is implemented and working.

In Bath, Maine, the Bath Educational Support Personnel Association, in conjunction with the Board of Education, developed a policy mandating the development of an Individualized Health Plan (IHP) for all special needs students in the system. The new plan clearly defines the rights and responsibilities of school staff who provide health care for students.

Collective Bargaining

If your local Association has a negotiated collective bargaining agreement, administering medication and performing health care procedures are considered part of your working conditions, and therefore can be part of contract negotiations. Your local Association might negotiate with the school district how your work will be defined, including:

Job descriptions. Your duties and responsibilities regarding health care

should be included as part of your job description. So can stipulations that you receive proper training and supervision.

Career ladder or promotional considerations.

When an ESP takes on the responsibility of administering medication or performing health care procedures, that person can and should receive higher pay and promotion opportunities.

Training. The contract can define:

- ☐ The type of training the ESP will receive.
- ☐ Who will provide the training.
- ☐ When the training will take place.
- ☐ Who will pay for the training. Ideally the school district will pay the cost of training.

Disciplinary procedures.

A contract can delineate standards for your protec-

tion in the event of a problem.

Positions needed to meet students' needs. A contract can list new positions a district will create to address students' special health care needs.

Nurse-student ratios. A contract can define appropriate nurse-student ratios that would assure that support employees are neither overworked nor asked to do tasks for which they are not qualified. The National Association of School Nurses recommends that the ratio of students to nurses be no more than 750:1 for the general student population, 225:1 in the special education population, and 125:1 for the severely chronically ill or developmentally disabled population.²⁹

Grievance procedure. A contractual grievance procedure enables employees

to protect their rights, including the right to grieve if they are asked to perform tasks for which they are not qualified.

As part of your contract, your local Association can also negotiate protection from legal liability, including:

A "hold harmless" clause. The contract can include a clause that holds the ESP harmless in the event of an accident.

The right to refuse. A right-to-refuse clause allows you to refuse to perform a procedure you haven't been trained to do.

This clause can stipulate that in the event you must do it anyway, you are paid at the medical technician's wage level.

Precautions if student's body parts are exposed during a procedure, such as toileting, diapering, or catheterization. Your contract can include a guarantee that you will have a witness present during the procedure, or it can prohibit providing certain health care procedures—such as catheterization and toileting—for adolescents of the opposite gender.

CONCLUSION

This handbook has been designed to help ensure the delivery of safe health care to the students who need such services in order to receive a free public education. It is the hope of

NEA and the contributors to this handbook that readers will find it helpful and use it regularly. Work to keep your students safe, and, at the same time, protect yourselves.

GLOSSARY

Administration of medications: task of giving student medications.

Cumulative folder: academic record that follows students through school.

Delegation of nursing procedures: licensed health care professional transferring to a competent individual the authority to perform a selected health care procedure in a selected situation. The nurse provides supervision and retains accountability for the delegation.

Documentation: notes and records signed and dated pertaining to a student's health services.

Education for All Handicapped Children Act: the law passed by Congress in 1975 requiring school districts receiving federal funding to provide a free,

appropriate education for all students with disabilities. In 1990, the law was renamed the Individuals with Disabilities Education Act.

Educators Employment

Liability (EEL) Program: professional liability insurance coverage provided by NEA to members. Administered and underwritten by NEA's EEL insurance carrier, the policy offers coverage, for example, for emergency first aid services and the administration of oral prescription medications (with advance written approval from the parent or guardian). Members should refer to their copy of the EEL Terms and Conditions brochure for all exceptions and exclusions.

ESP: educational support personnel.

FAPE (Free Appropriate Public Education): what the Individuals with Disabilities Education Act requires school districts to provide for eligible students with disabilities.

FERPA: Family Educational Rights and Privacy Act, which guarantees and regulates confidentiality in the schools.

Five rights in administering medications: the right patient, the right medication, the right dose, the right time, and the right route.

Health record: confidential records pertaining to the health of the child.

Health care services: services that can be provided or delegated only by a school nurse or other health care professional and performed under his or her ongoing supervision.

Hold harmless: provision in legislation or a contract whereby a district takes

legal responsibilities for services performed by employees as part of their job duties.

IDEA (Individuals with Disabilities Education Act): the federal law, passed in 1975, and originally known as the Education for All Handicapped Children Act, requiring school districts receiving federal funding to provide a free, appropriate public education for all students with disabilities.

IEP (Individual Education Plan): a written statement developed for students with disabilities by the IEP team. It includes statements of the student's present level of educational performance, annual goals, and specific special education and related services to be provided to the child. It also includes projected dates for initiation of services and their anticipated duration, evaluation pro-

cedures, and the extent to which the child will be able to participate in regular educational programs.

IEP team: the group of people who develop the written IEP (see above) required by federal law for each eligible student with a disability.

IHP (Individual Healthcare Plan): detailed strategy, written by the school nurse, describing health care or services to be delivered to meet the health-related needs of a student. Federal law permits—but does not require—an IHP for students with disabilities who have special health-related needs.

Liability: legal responsibility.

Medical procedures: tasks performed only by physicians.

Medication: any drug, prescription or non-prescription.

Medications policy: local school districts' policy guidelines relating to the administration of medications in schools.

Nurse Practice Act: state law regulating the professional practice of nursing, and describing health care services that can only be provided by nurses (check your own state NPA).

Nursing procedures: tasks performed by nurses and defined by state regulation as being within the scope of practice for a nurse.

Prescribing medications: procedure used by physicians to treat patients with medication.

Primary liability insurance: insurance coverage that may be provided to you by your employer to protect you against personal liability from acts or omissions that occur as a result of your carrying out your educational employment ac-

tivities on behalf of your employer.

School health services: a type of non-medical service, such as administration of medication or tube feeding. IDEA, the federal law, requires the provision of school health services identified by each child's IEP team as necessary for the child to be able to benefit from special education services.

Students with disabilities:

Under IDEA, students evaluated as having mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness or multiple disabilities, and

who because of these impairments need special education and related services.

Subcontracted health services: private health care provider employed by the school district.

Training: advanced knowledge to perform tasks beyond your current skill level; should be student-specific

Universal precautions: self-protective procedures (for example, wearing latex gloves) that care providers should utilize when dealing with bodily fluids.

Working conditions: the multiple forces affecting educational support workers, including the contract, verbal assignments, and physical environment, in the safe delivery of health care to the student with special health care needs.

RESOURCES

1. "Providing Health Care Services to Students with Disabilities." Rena Large, NEA Health Information Network, March 1995 (6pp) Washington, DC.: NEA.
2. Prince George's County Public Schools, Administration of Medication package. April 29, 1995. (29pp) Greenbelt, MD.
3. Judith Heumann, "Questions and Answers on IDEA." United States Department of Education. Washington, DC: NEA.
4. NEA Special Committee on Inclusion of Special Needs Students in Regular Classrooms, Report 1993-1994. Washington, DC: NEA.
5. Arden Shumaker, Washington, DC: NEA Collective Bargaining Staff.
6. Judith Heumann, "Proposed changes to IDEA for improvement," United States Department of Education. Washington, DC: NEA.
7. State regulations governing the administration of medications in public/private schools. Check with Department of Public Health, or State Department of Education.
8. Sample policies on administration of medications to students. National Education Policy Network of the National School Board Association. 703-838-6722.
9. "The Practice of Allowing Non-Health Related School Employees to Perform Nursing Procedures," June 1992, NEA Research.
10. "Guidelines for School Nursing," National Association of School Nurses, June 1991. NASN, PO Box 1300, Scarborough, ME 04070-1300.
11. Registered Professional Nurses and Unlicensed Assistive Personnel, American

Nurses Publishing, 1994.
ANA, 600 Maryland Avenue,
S.W., Suite 100W, Washington,
DC 20024-2571.

12. "What if you make a mistake?" *NEA Today*, Vol. 13, #3, Oct. 1994, p. 4-5.

13. "Inclusion: What does the law require?" *NEA Today*, Vol. 13, #9, May 1995.

14. *The Medically Fragile Child in the School Setting*, AFT: 1992. Available from NASN, PO Box 1300, Scarborough, ME 04070-1300.

15. "Medication in the Schools: Illinois ESP Victory Statewide Grassroots Campaign,"

IEA/NEA, 2050 Lariem Ave.,
Elain, IL 60123

16. Schwab, Nadine and Marykay Haas. "Delegation and Supervision in School Settings," *Journal of School Nursing* 11, #1 (pp. 26-34).

17. National Association of School Nurses, PO Box 1300, Scarborough, ME 04070-1300

18. *Nursing Drug Handbook*, Springhouse Corporation, Springhouse, PA.

19. *Children Assisted by Medical Technology in Educational Settings: Guidelines for Care*. Children's Hospital: Boston, 1989.

BIBLIOGRAPHY

"Education and chronically ill children: Need based policy orientation." *Peabody Journal of Education*, Winter 1984.

Guidelines for School Nursing Documentation: Standards, Issues, and Models, NASN: June 1991.

Maine Laws on Emergency Medical Treatment and Medication Administration. Subsection 254(5). Medication 4009 Emergency Medical Treatment subsections 164. Maine State Law Library, State House Station #43, Augusta, ME 04333.

The Medically Fragile Child in the School Setting: A Resource Guide for the Educational Team. AFT, 1992.

"Medication policy," *School Health Manual*, Maine Department of Education, Augusta, ME 04333.

"Medications in schools and the administration of medication in schools. Illinois victory." NEA.

"Model Medical and Nursing Practice Acts," NEA.

"National Guidelines for the Administration of Medications in Schools," NASN: January 1993.

New Jersey Laws on Emergency Medical Treatment and Medication Administration. New Jersey State Law Library, CN520, 85 W. State Street, Trenton, NJ 08625.

"Practice of allowing non-health related school employees to perform nursing procedures." NEA, June 1992.

"Registered Professional Nurses and Unlicensed Assistive Personnel," American Nurses Publishing: 1994. 600 Maryland Ave., SW, Suite

100W, Washington, DC
20024-2571.

Rhode Island Laws on Emergency Medical Treatment and Medication Administration. Rhode Island State Law Library, Frank Licht Judicial Complex, 250 Benefit Street, Providence, RI 02903

School Nursing position statement, Maine State Board of Nursing, June 16, 1993. [35 Anthony Ave. Station #158, Augusta, ME 04333.]

"Special education in the year 2000," *Education and Treatment of the Child*, May 1992.

"Training competencies for school health professionals working with the handicapped child." *Journal of School Health*, Sept. 1988.

"What if you make a mistake?" *NEA Today*, Vol. 13, #3, October 1994, pp. 4-5.

APPENDIX

NEA Policy on "Do Not Resuscitate" Orders

In June 1994 the NEA Executive Committee adopted the following policy statement on the handling of "Do Not Resuscitate" orders.

Advances in medical technology now make it possible for some severely ill students to attend school and participate in the learning environment. However, there exists an ever-present threat that such students may go into cardiac/respiratory arrest while in school. In some instances, parents of such students, in conjunction with their physicians, have determined that certain emergency procedures, such as cardiac pulmonary resuscitation, would be too invasive and painful, might cause severe brain damage, or might otherwise result in worsening the student's physical problems. In such a case, the physician will issue a "do not resuscitate" (DNR) order, directing that no life-saving procedures be utilized.

While DNR orders have been common phenomena in hospitals and nursing homes, they have only recently surfaced in several school districts around the country. This has prompted a number of inquiries and requests for guidance from NEA members and affiliates.

Of particular concern is the

question whether a classroom teacher or other school employee must obey a directive from the school employer to comply with a DNR order. As a general rule, a school employee always should obey a specific directive from the employer. Since this is a developing area of the law, however, NEA members should consult with counsel at the state level to determine whether any special state laws or policies address this situation.

While many districts honor requests to follow DNR orders, others have refused, and still others require parents to obtain a court order before honoring DNR orders. The Maryland Attorney General, for example, has taken the position that school officials in Maryland must comply with DNR orders, while the Iowa Attorney General has said that a school "has no duty to comply with a decision by parents and the physician to withhold life-sustaining procedures" because a school is not a licensed health care provider under state law.

The proposed policy does not take a position on whether school districts *should*, as a matter of public policy, honor DNR orders; that

is an issue that should be resolved at the state and/or local level. However, in considering a request to honor a DNR order, the school district should consult with counsel to determine what legal rights and responsibilities it has, including the applicability of a collective bargaining agreement.

While requests to honor DNR orders must be handled on a case-by-case basis, NEA recommends that no request be granted unless the following minimum conditions are met:

1. The parents' or guardians' request is submitted in writing and accompanied by a written DNR order signed by the student's primary licensed physician.
2. The school district establishes a "team" consisting of the parents/guardians, student's physician, school nurse, student's teacher(s), appropriate support staff, and school superintendent or designee to consider the request. The team first considers all available alternatives. If no other option is acceptable to the parents/guardians, then the team develops a "medical emergency plan," which includes the following essential elements:
 - a. The plan specifies what actions the student's teacher or other school employee should take in the event that the student suffers a cardiac arrest or other life-

threatening emergency, e.g., telephone the local emergency medical service, apply emergency procedures as determined by the team, contact the parents/guardians, evacuate other students from the classroom, etc.

- b. All school employees who may have supervision of the student during the school day are fully briefed on the procedures to follow in the event of a medical emergency involving the student.
 - c. The student wears an ID bracelet while at school indicating that he/she is subject to a DNR order and a medical emergency plan.
 - d. The parents execute a contract with the local emergency medical service providing that the service will honor the DNR order; a copy of the contract is made available to the school superintendent/designee.
 - e. The team agrees to review the plan and the student's health condition at least on an annual basis.
3. School staff receives the necessary training and counseling, and educational Death and Dying programs are provided for students. In the event the student subject to a DNR order dies, appropriate counseling will be provided to staff and students.

ENDNOTES

- 1 *RA Today*, New Business Item 15.
- 2 The National Association of School Nurses estimated in 1995 that there are approximately 30,000 full-time nurses in our nation's 85,000 public schools.
- 3 Students with disabilities are not the only students who come to school with special health-related needs. For example, significant numbers of students, both with and without disabilities, come to school hungry or malnourished, or suffer from emotional abuse at home. This handbook focuses on students with disabilities because of special federal legal mandates that require the provision of health-related services to students with disabilities in some instances. See Section 1 for a summary of key legal positions. In an effort to address special health-related and other needs of students both with and without disabilities, some communities are attempting to provide necessary health-related and other non instructional services at or

near the school site, although the services themselves are not necessarily provided by the school itself or school staff members. The idea is to bring non educational services to where students are – at school – rather than force they and their parents to search for services in other parts of the community. It is an attempt to make the existing local system of social service provision more “user friendly” and accessible for more students and parents. Another goal of many of these initiatives is to permit schools more easily to be able to focus on meeting the instructional needs of students rather than have their educational mission and instructional resources diluted through excessive attention to the non-instructional needs of students.

For more on this concept, which sometimes goes under the name of “integrated service delivery,” see “Together We Can: A Guide for Crafting a Profamily System of Education and Human Services,” U.S. Department of Education and

U.S. Department of Health and Human Services, 1993, document number PIP 93-1103. One free copy only may be obtained from the U.S. Department of Education as long as supplies last by calling Susan Talley at 202-219-2129 or by writing to her at the Office of Educational Research and Improvement, U.S. Department of Education, 555 New Jersey Ave., N.W., Room 610D, Washington DC 20208. Bulk copies may be ordered by calling the U.S. Government Printing Office at 202-512-1800 and referencing the document number identified above.

- 4 Selected legal provisions are footnoted in this document in the event that there arises a need for you to provide a citation to others requesting your sources for the footnoted statements about legal requirements of IDEA, or if you desire to read the law yourself.

It is not uncommon for school district officials and NEA members to operate on the basis of misunderstandings about the provisions of the IDEA. In order to respond to frequent member questions about the legal provisions, NEA worked with the U.S. Department of Education to de-

velop a document, "Answers to Frequently Asked Questions About the Requirements of the Individuals with Disabilities Education Act (IDEA)," referred to as "Answers to Frequently Asked Questions about the IDEA" in the text. NEA members may obtain a free copy of this document by contacting Romaine Hodge, NEA National Center for Innovation, at 202-833-7357, or by writing to Romaine at 1201 16th Street, N.W., Washington, DC 20036.

Another free and helpful resource that describes the law's basic provisions is "Education of Children & Youth With Special Needs: What Do the Laws Say?" It is available free of charge from the federally funded National Information Center for Children and Youth with Disabilities at (800) 884-8200, or by writing to the organization at P.O. Box 1492, Washington, DC 20013-1492.

- 5 20 U.S.C. 1402 (a)(18), 20 U.S.C. 1402 (a)(16), 20 U.S.C. 1402 (a)(17).
- 6 34 CFR § 300.16 (a) ("CFR" refers to IDEA regulations.) For more on related services under IDEA, see "Related Services for School-Aged Children

and Youth with Disabilities," available free of charge from the National Information Center on Children and Youth with Disabilities (NICHCY) at the address and phone number identified in footnote 4.

NICHCY is a good source of information, including referrals, about various disabilities and special education in general.

- 7 34 CFR § 300.16 (a).
- 8 34 CFR § 344 (a).
- 9 34 CFR § 300.346 (a).
- 10 Response to questions 2A, 8A and 10, "Answers to Frequently Asked Questions About the IDEA". Technically, the state education agency is responsible for ensuring that school districts meet this requirement as a condition for receiving federal funds.
- 11 Response to question 10, "Answers to Frequently Asked Questions About the IDEA".
- 12 "Fact Sheet: Family Educational Rights and Privacy Act of 1974," Family Policy Compliance Office, U.S. Department of Education, and "Student Records Policies and Procedures for Alpha School District: A model for school

districts to use in meeting the requirements of Section 99.6 of the regulations implementing the Family Educational Rights and Privacy Act of 1974," Family Policy Compliance Office, U.S. Department of Education, p. 5. Address: 600 Independence Ave., S.W., Washington, DC 20202-4605. Phone: 202-260-8956. The relevant legal provisions are 20 U.S.C. 1232g and 34 CFR Part 99.31.

- 13 "Medical Attention Required by Handicapped Students and Teachers' Duties to Provide Care." NEA Memorandum, June 28, 1991, pp. 18-19.
- 14 Even if your state has a law which requires school districts to fund services identified in a child's Individualized Health Plan, we would still recommend that this section be incorporated into the child's IEP. The reason for this was alluded to earlier: It will increase the chances that all of the people in this building who work with the student will know what they need to know about the full range of the student's needs.
- 15 "Providing Health Care Services to Students with Disabilities," NEA Office of General Counsel, March 1995, p. 1. One

free copy of this question and answer document is available by contacting Romaine Hodge, NEA National Center for Innovation, at the same phone number/address indicated in footnote 4.

- 16 34 CFR § 300.16(a)(111)
- 17 "Providing Health Care Services to Students with Disabilities, NEA, p. 3; "The Practice of Allowing Non-Health-Related School Employees to Perform Nursing Procedures, NEA, 1992, p. 2, 3.
- 18 "The Practice of Allowing . . ." p. 3.
- 19 "The Practice of Allowing . . ." p. 3.
- 20 For more information, contact your special education director, or the National Association of School Nurses.
- 21 OSHA, 29, part 1910, p. 232.
- 22 *NEA Today*, October 1994, p. 4.
- 23 This does not include vehicles.
- 24 "Providing Health Care to Students With Disabilities," p. 5.
- 25 See EEL Policy, Section VII (Exclusions), Subsection 8 (Medical and Related Arts), item b.
- 26 "Providing Health Care to Students With Disabilities."
- 27 For copies of Prince George's County's procedures, write to: Prince George's County Education Association, 8008 Marlboro Pike, Forestville, MD 20747.
- 28 Such a policy, if used to ensure that only properly trained and/or supervised individuals deliver school health services which must be provided under the IDEA (see Section 1, page 5), and not to deny the provision of such services to students who need them in order to be able to benefit from school, would serve important student, member, association, school district, and state policy objectives. "School health services" should be understood to include, but not be limited to, the administration of medication.
- 29 "Resolutions and Policy Statements," National Association of School Nurses, June 1995.

Limited supplies of complimentary copies of this publication are
available from NEA Office of Educational Support Personnel
by calling 202-822-7131.

Additional copies may be purchased from the
NEA Professional Library, P.O. Box 509, West Haven, CT 06516.
Telephone: 1-800-229-4200 for price information.



NATIONAL EDUCATION ASSOCIATION
1201 Sixteenth Street, N.W., Washington, DC 20036

150